

we had several recoveries from black vomit, attributable entirely to its influence.¹

Viewing, therefore, the pathology of yellow fever as being primarily connected with a morbid alteration of the blood, and admitting the analogy between its phenomena and the action of a septic poison on the system, borne out, as their identity is, by the rapidity of the morbid action, the salutary efforts of nature, and the speedy convalescence, what better remedy, I beg respectfully to ask, do you require than this, which, like ammunition in a besieged citadel, supplies the means of defence, till the poison, like the enemy, is worn out and overcome?

In conclusion, I have to observe that during last winter I had an opportunity of trying this remedy in a very severe case of typhus fever, as did also a friend here, in eight other cases, with excellent effect, given in the following formula: spirit of turpentine, spirit of nitric ether, of each three drachms; compound tincture of lavender, two drachms; camphor mixture, four drachms. Of this mixture (well shaken up) a teaspoonful was given in a wineglassful of water every four hours. I was led to prescribe the turpentine in this form, to save the patient I attended, who was very poor, the expense of a larger mixture, and combined it with the nitric ether, to guard against strangury, which I was afraid would be easily excited in this climate. The other ingredients appear to answer tolerably well in disguising the turpentine taste and smell; but the in-odorated is much preferable to the common turpentine. In all these cases its beneficial effects were equally well marked as in the continued and remitting fevers of Bermuda; and, I have no doubt, should any of your readers feel disposed to try this mode of treatment in the typhoid fevers of this country, with an unprejudiced mind and an observant eye, the results will prove the truth of these remarks.—*Lancet*, Aug. 27, 1853.

24. *Yellow Fever, as it appeared in the Island of Antigua in 1835, 1839, and 1842.*—Dr. THOMAS NICHOLSON presented to the Epidemiological Society an interesting paper on this subject.

The author commenced by stating that he had been thirteen years on the island of Antigua before he had an opportunity of witnessing a single case of the disease known to the English and Spanish colonists, on both sides of the Atlantic, for nearly a century, and described by writers under the terms "yellow fever," "bulam fever," "vomito prieto," &c., although severe and fatal cases of bilious remittent had been prevalent every year in the malarious districts,

¹ *Statistics of Mortality.*—1. Showing the comparative success of different modes of treatment in 164 cases of fever, as they are entered in the books of the Royal Naval Hospital, Bermuda, from the commencement of the epidemic; and the same number of cases, taken in the same order, from the 27th of August, 1843, when the spirit of turpentine was first administered:—

<i>Treatment without Turpentine.</i>		<i>Treatment with Turpentine.</i>	
Number of cases	164	Number of cases	164
Died	25	Died	19
Rates of mortality	1 in 6.6	Rates of mortality	1 in 8.6
Recoveries from black vomit	1	Recoveries from black vomit	4

2. Showing the number of cases treated with turpentine at the Royal Naval Hospital, Bermuda, between the 27th of August and the cessation of the epidemic in December, 1843:—

Total number of cases	882
Died	80
Rates of mortality	1 in 11
Recoveries from black vomit	24

3. Showing the number of cases of yellow fever admitted into the Royal Naval Hospital, Bermuda, during the epidemics which prevailed there in 1818, 1819, and 1837:—

	No. of cases.	Died.	Rates of mortality.
1818	105	28	1 in 3.8
1819	106	25	1 in 4.2
1837	140	22	1 in 6.4

in some seasons assuming an epidemic form, and producing great mortality. A formidable visitation of the bilious remittent was experienced in 1823; yet, although the mortality was very great, in no instance did "black vomit" occur. Reasoning from these facts, and from subsequent observation, the author believes that "vomito prieto" was not known among civilians in the colony from 1816 to 1835, and that yellow fever differs as much from bilious remittent as the epidemic or Asiatic cholera differs from sporadic or English cholera; but that no circumstance had arisen to make him believe that the disease was propagated by contagion. Dr. Nicholson described, clearly and graphically, the three epidemics of yellow fever he had witnessed at Antigua. That of 1835 was preceded by a severe hurricane that did great damage to the buildings in town and country, but more so to the vessels in the harbour of St. John's, the capital of the island, the barometer having fallen, during the fury of the tornado, not less than 1.5 inch. The sea, which rose in the gale above its usual level, aided by the wind, deposited a great quantity of marine organic matter and vegetable rubbish about the wharves and precincts of the town bounded by the harbour; and it was remarked by the inhabitants in that quarter that the smell arising from the sea, particularly at night, was peculiarly offensive. The visitation of the hurricane took place on the 12th of August, and cases of fever began to drop in about the 20th of September; but it was not until the 10th of October that the occurrence of a case of "black vomit" declared the true nature of the epidemic, which continued to increase until the first week of November; after which it gradually declined, and by the end of December had nearly disappeared. During the progress of the epidemic, Dr. Nicholson attended 220 cases; of whom 75 were Europeans, 65 white Creoles, and 80 coloured people. Of the Europeans, 12 died, of whom 10 had not been in the island twelve months. None of the native whites died; but two of the mixed race sank, under peculiar circumstances. The character of the fever, during the epidemic of 1839, was of a more open or inflammatory type than that of 1835, and the disease made its appearance by attacking only those young men who had come to the island during the interval. The invasion of 1842 was marked by the same predilection of the disease for new-comers, and proportionate mortality among them, compared with the Creoles and the mixed race. On all these occasions, it is remarkable that the epidemic was confined to St. John's; and although Dr. Nicholson's practice extended over twenty-eight estates, on each of which white persons resided, who were unprotected by a former attack, none of them took the disease. Dr. Nicholson considers that three varieties of the malignant form of yellow fever are observable, viz., the ardent, the adynamic, and congestive or apyretic. The diagnosis of yellow fever, and the symptoms, the treatment of each form, with the appearances observable after death, were detailed in a very lucid manner, and illustrated by appropriate cases that occurred in Dr. Nicholson's own practice during the several epidemics. Dr. Nicholson is opposed to the view which recognizes yellow fever, bilious, remittent, and intermittent fevers as the offspring of the same terrestrial miasmata. He grounds his opinion on the fact that the two last-named disorders prevail more or less between September and March every year, whereas, during the last twenty-five years, there have been only three visitations of the yellow fever. The endemic forms prevail in the country districts chiefly, while the inhabitants of St. John's are seldom attacked with them; whereas, the epidemic yellow fever was confined to the city, and the garrison at the Ridgel, and English harbour. The European youth employed by the mercantile profession in the town are comparatively exempt from remittent fever, while those who superintend agricultural operations in the country never escape. After a brief but admirable sketch of the geological structures, and of the more prominent features of the several districts of the island, Dr. Nicholson states that, although there is only one district which presents unequivocal sources of paludal emanation, yet all parts of the island are at certain seasons affected by malaria. Two things, he adds, are always present when fever prevails in these districts—a hot sun during the day, and circumstances favourable to the radiation of heat from the earth, and the deposition of dew at night; and he considers that the febrile poison, whatever it may be, is deposited with the dew. In this way Dr. Nichol-

son explains the greater prevalence of remittents in country districts than in St. John's, it being well known that more dew is deposited in the open country than in cities, where houses conceal a portion of the sky; and that a soil covered with vegetation is also more favourable to the production of dew than the trodden streets of a town. The introduction of European labourers into St. John's and into the country districts has afforded ample opportunity for corroborating the views taken by Dr. Nicholson as regards the kind of fever to which town residents and country residents are respectively liable. Finally, Dr. Nicholson holds to the opinion that the disease is *sui generis*, and that it attacks an individual only once in his lifetime. "This," continues Dr. Nicholson, "was in a great measure corroborated by the epidemics that fell under my notice—not one of those persons who suffered in the first epidemic was attacked in the subsequent visitations."

Dr. Milroy said that the communication must contain much valuable information. Dr. Nicholson had been fifteen years in the island without seeing an example of black vomit. He thought that this remarkable circumstance deserved attention, because, in all probability, the occurrence of black vomit would have been considered by some as a clear proof that the disease had been introduced: whereas, the experience of Dr. Nicholson proved clearly that it arose spontaneously. The experience of Dr. Nicholson, however, did not quite agree with that of other practitioners in Jamaica; but one of the most striking features connected with the spread of the disease, which had been mentioned by the author, was its limitation to the town. Another instance had been related, in which it was confined to the military station. Epidemic diseases, according to his (Dr. Milroy's) belief, did not spread with a uniform and uninterrupted diffusion, but in scattered patches. It frequently happened that, when the yellow fever had been brought by vessels to the port, it did not spread. The treatment adopted by Dr. Nicholson differed from that practised by Dr. Blair and others, in being of an antiphlogistic nature. Now, in Jamaica, this method of treatment was not found to be the most successful; indeed, the most distinguished physicians in that island were opposed to lowering measures, and the best treatment was found to be that which consisted of a combination of quinia and calomel.

Dr. Gavin observed, with regard to the statement of Dr. Nicholson, that it was not at first easy to diagnose between yellow fever and the ordinary remittent fever so common in the West Indies; that he had found that a certain redness of the fauces and eyes constituted specific signs of the advent of yellow fever. There was no more difficulty in predicting where yellow fever would break out in the town in the West Indies, than there was in foretelling the spots where typhus and cholera would be most prevalent in England. He (Dr. Gavin) had made arrangements for obtaining a larger amount of information than had yet been collected on the subject, which he hoped to be able in a short time to lay before the public. Dr. Blair was also preparing a second edition of his work, in which much new and valuable information would be contained. Reference had been made to the difference between Dr. Nicholson's and Dr. Blair's treatment; but he conceived that Dr. Nicholson was quite justified in objecting to the employment of Dr. Blair's treatment in the ardent form of the fever—the form which he appeared more especially to have met with. Attention should, he thought, be always paid to the nature of the locality, as to whether it was, or was not, marshy, in deciding the treatment proper to be adopted in any given case. The epidemic now prevailing in the West Indies differed (said Dr. Gavin) from the previous outbreaks, in affecting natives as well as Europeans.

Dr. Camps made some allusion to an indigenous plant, which he understood was held in high esteem by the natives, on account of its supposed powers of curing yellow fever. He wished to know whether this plant had been found efficacious in the hands of European physicians.

Dr. Gavin replied that the plant in question, which was a species of verbena, had been employed by English practitioners, but he had never seen any good result from its use which he could ascribe directly to the plant itself; and he referred whatever benefits might have been derived during its administration

to the large quantities of warm water with which it had been combined. There was, however, another plant which Mr. Purday had discovered, and which he thought would be found to possess virtues nearly equal to those of quinia, though belonging to a different order. He did not, however, wish to pronounce any opinion on the merits of this plant, as its properties had not yet been fairly investigated or its medicinal powers tested. No good could, therefore, result from any premature announcement respecting it. He (Dr. Gavin) quite disagreed with the remarks that had fallen from one of the preceding speakers (Mr. Richardson) respecting the independence of epidemics on meteorological conditions; for he had noticed that, in the West Indies, the prevalence of the wind from a particular quarter was necessary for the outbreak and progress of yellow fever.—*Med. Times and Gaz.*, Aug. 6, 1853.

25. *Abstract of Eighteen Cases of Typhus Fever, treated in King's College Hospital by the free exhibition of Brandy, &c.*, under the care of Dr. Todd.—We have recently watched with great interest a series of severe cases of typhus fever, under the care of Dr. Todd, in this hospital, in which an almost uniform plan of treatment, by means of the very free exhibition of stimulants, more especially brandy, has been resorted to with great success. Reflecting instructively, as these cases do, on one of the most important questions in the whole range of practical medicine, we hasten to bring their chief features before the attention of our readers. The series consists of eighteen cases; and, as we cannot, of course, find space for the details of the whole, we shall content ourselves by recording, by way of example, the particulars of a few of the more interesting, and append to them a brief synopsis of the rest. The whole having occurred within the last few months, and several of them within a few weeks, they present, we believe, fair specimens of the form of fever lately and still prevalent in the metropolis. They do not, however, comprise all which have been under Dr. Todd's care during the time referred to, but only those of well-marked typhus type, and which agreed in presenting the following symptoms previous to the commencement of the treatment: A copious eruption of scattered measles-like spots (mulberry or typhus rash); bowels either confined or but slightly relaxed; great prostration of strength; delirium (in six cases, coma was present); a small and very rapid pulse. It may be well to premise that they were treated as is done in almost all general hospitals in the open wards, their beds being purposely arranged so as to occur at some distance from each other, in order to prevent the accumulation of contagious emanations. The treatment pursued consisted in administering, either every hour or every half hour, day and night, from half an ounce to an ounce of brandy, with a draught every second hour, containing *sp. æth. chlorici* ℥x, *ammoniae carbonatis* gr. v; *aq. pur.* ℥j. The patients were induced to drink as much strong beef-tea as possible; the head was always shaved; and, in most, a blister was applied to the scalp. We are indebted to the careful observations, noted daily by Mr. Macnamara, the clinical assistant in charge of the cases, for the whole of the particulars respecting them. The first to which we shall allude was a very severe attack, and happened to an elderly and unfavourable subject; the beneficial effects of the alcoholic stimulant is strikingly shown, and there even appears some cause to infer the superiority of brandy over wine.

Elizabeth B., aged 70, was admitted June 16, 1853. She complained of severe headache, and of much pain in her limbs; was very deaf, and could see but very indistinctly. Her daughter stated that the two latter symptoms had commenced four days previously, and the illness was of about a fortnight's duration, having begun with aching pains in the limbs and head, and great prostration of strength, followed, after four or five days, by several successive shivering fits. Pulse 122; tongue thickly furred.

R. Tinct. opii ℥xx h. s. sumend.

R. Sp. am. arom. ℥xx; *aq. pur.* ℥iiss. 4tis horis sum.

18th. The skin of chest and abdomen is covered with an eruption of measly spots. The patient has been delirious during the night; her tongue is dry and furred; pulse 124; the bowels have acted but once since admission. Pt.

19th. Has been very delirious; pulse 126; other signs as before.